

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Determine reason for non-payment of debt.
- Enact measures to prevent future occurrences.
- Inform soldier of his/her responsibility to properly manage funds/financial affairs.
- Inform soldier of potential consequences for continued non-payment.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

It has been brought to my attention that you currently have a debt with:

- A. _____ in the amount of \$_____, dated _____.
- B. _____ in the amount of \$_____, dated _____.

As a soldier, you have an obligation to pay your debts in a timely manner. Failure to do so reflects negatively upon you and the military. I am giving you until _____ to provide me with proof that you have paid this debt in full or bring me written confirmation that you have established a plan with the agency or person above to pay the debt. This is your _____ offense concerning financial debts. After considering all the facts concerning your financial situation, I am recommending to the Commander that the following actions be taken: (indicated by circles)

- A. Schedule you for a budgeting class on (date)_____ (location)_____
- B. Schedule you for a check writing class on (date)_____ (location)_____
- C. Overstamping of your ID card because of bad checks _____.
- D. Recommending for Bar to Reenlistment.
- E. Recommendation for punishment under the UCMJ.
- F. Other: _____
- _____
- _____
- _____

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

If you are scheduled for a class or an appointment with a financial advisor, you will ensure that you bring all bills, debts, current LES, and prepare a list of creditors (with addresses) in the event that a loan consolidation may be suggested by the financial counselor. The more information you provide the better an advisor can assist you. This is your chance to correct this situation. Failure to correct this situation could result in adverse action (overstamping of ID card, flags, bars, UCMJ) and/or chapter from the military.

Soldier provided the following reasons for the failure to pay debt:

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Check receipt of payments/agreement of payment.
- Conduct follow-up counseling.
- Have soldier attend scheduled classes.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.